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**AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
 ENVIRONMENTAL HEALTH SERVICES DIVISION**

P.O. BOX 142529 Austin, TX 78714
 Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
<http://www.austintexas.gov/ehsd>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Temporary Food Event Application

*Submit applications
at least 10 calendar
days before the
operation date*

Event Information

*Note: Incomplete applications **will not** be processed and will be returned*

Event Name: _____			
Event Address: _____			
Street	City	State	Zip Code
Event Dates: _____		Food Booths: _____	
Start Date	End Date	Total Booths	Fee Exempt: _____ Yes _____ No _____
Hours of Operation: _____		Social Services Contract w/ COA or 501(c)(3) in Travis	
Food booth(s) must be set-up and ready for inspection at the hours listed under the Hours of Operation for each day.			

Contact Information

Print full legal names as they would appear on a Government Issued Photo ID(s)

Operator Name: _____			
Last	First	Middle	
Mail Address: _____			
Street	City	State	Zip Code
Driver's License: _____		Date of Birth: _____	
DL #	State	MM/DD/YYYY	
Phone Number: _____		Email: _____	
(###) ### - #####		Email addresses will not be distributed. (Internal use only)	

Fee Information:

Refunds are not granted for temporary event applications.

City of Austin (Contracted Municipalities*)		Travis County (Unincorporated)	
Number of Days	Price Per Booth	Number of Days	Price Per Booth
1 booth, 1 calendar day	\$35.00	1 to 2 calendar days	\$20.00
1 to 5 calendar days	\$98.00	3 to 5 calendar days	\$30.00
6 to 14 calendar days	\$145.00	6 to 14 calendar days	\$40.00
Expedited Permit (Less than 10 days prior to the event)	\$98.00		

* Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Make checks and money orders payable to: ATCHD or Austin/Travis County Health & Human Services
 Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

****** Attach a Clear Copy of a Valid Government Issued Photo ID ******

Applicant's Signature	Print Name	Date
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I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Revised: 9/22/2015

www.SurveyMonkey.com/s/EHSDSurvey

Temporary Food Event: Acknowledgements (Signature Required)

I acknowledge that completion of this application does not guarantee a permit will be issued by the department. I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.

- **Permit Application**
 - All fees must be paid at the time of submission.
 - Applications must be submitted to the department at least 10 calendar days prior to the scheduled event
 - Applications submitted ***less than 10 calendar days*** before the scheduled event may not be approved and may be subject to a ***\$98.00 expedited review fee***.
- **Permits Issued**
 - Permits are non-transferable and must be picked up at the Walk-in Location.
 - Permits are limited to six events per individual or organization per calendar year, with a maximum number of 84 event days.
- **Permit Reissuance**
 - Permits may be reissued by the department should the event be rescheduled; subject to the sole discretion of the department.
 - 'Rain Out' delays can be granted if the department is notified within 24 hours of the cancellation.
 - All other reissuance requests must be received prior to the event and state the reason for the reissuance.
- **Responsibilities**
 - The temporary event organizer (**not the individual booth operator**) is responsible for obtaining all necessary Temporary Food Event Permits for each booth at the event.

Applicant Initials

Application Requirements

Submission: Requires submission of page 1 & 2 along with a Responsible Party Identification form for each food booth.

- Travis County applications must be made in-person payments and paid for in cash or by check
 - City of Austin and the contracted municipality applications may be submitted in-person or electronically
 - **In-person:** 1520 Rutherford Lane, Southeast entrance of Building 1
 - **Electronic:** EHSD.Service@AustinTexas.gov
- Electronic submitters will be contacted by phone for a credit card payment within 2 business days

Permit Completion & Pick-up

Applicants will be notified by the department once the permit is available for pick-up. Permits are available for pick-up Monday through Friday 7:45 AM to 3:30 PM at 1520 Rutherford Lane, southeast entrance of Building 1. (No alternate options available.)

Terms & Definitions

Temporary Food Event: Any service of food or open beverages at a location for no more than 14 consecutive days in conjunction with an organized event or celebration. *(This includes ice and alcoholic beverages)*

Food Booth: Any stall or partitioned stand used to present, prepare, or provide food to the general public.

Food & Beverage Booth Information

Please print & use additional sheets if necessary

1. Booth Name: _____
Food/Beverages Served: _____
2. Booth Name: _____
Food/Beverages Served: _____
3. Booth Name: _____
Food/Beverages Served: _____
4. Booth Name: _____
Food/Beverages Served: _____
5. Booth Name: _____
Food/Beverages Served: _____

Responsible Party Identification for Temporary Food Events

No Home-Prepared
Foods Allowed

Each individual booth operator is required to complete and submit the following form.

Please **PRINT** and use additional sheets if necessary.

I, _____, am the operator of the temporary food service booth named:
Print Your Name

_____, providing food at the following temporary event named:
Booth's Name from Page 3

_____, on this date, _____,
Temporary Event Name from Page 1 **Date(s) of the Event**

Type of food/beverages to be served: _____

The food will be obtained from the following approved sources (check all that apply):

- ☐ I operate from/own a permitted food facility (such as a restaurant).

Food Facility Name: _____

Food Facility Address: _____
Address City State Zip

- ☐ I will purchase food from a permitted food facility (such as a grocery store or restaurant) on the day of the event and bring the food directly to the event. **I will maintain my receipts from the purchase on-site at the event for verification.**

Food Facility Name: _____

Facility Address: _____
Address City State Zip

Phone Number: (_____) _____

I hereby certify that I have received the guidelines for temporary food service requirements provided by the Austin/Travis County Health and Human Services Department and, _____

Print Name of Applicant

I understand that, as a condition of my operation at this event, I am responsible to insure that these guidelines are strictly adhered to at all times. I will conform to these guidelines and insure that all individuals involved in this operation conform to these guidelines. Failure to do so may result in the immediate suspension of my operation at this event and may result in a complaint being filed against me in the Municipal Court of the City of Austin for a violation of these guidelines and the Code of the City of Austin. I understand that such a complaint may result in a fine of up to \$2,000 on conviction.

Signature: _____ **Printed Name:** _____

Today's Date: _____ **Phone Number:** _____

Mailing Address: _____
Address City State Zip

Driver's License Number & State: _____ **Date of Birth:** _____